

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the envelope.



Nurse Paula
 Autauga Metro Jail
 136 North Court Street
 Prattville, AL 36067

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent☐ Addressee

B. Received by (Printed Name)

Barbara G. Rhodes 12-26-07

C. Date of Delivery

address different from item 1? ☐ Yesor delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

2. Article Number

(Transfer from service label)

7007 1490 0000 0024 7786

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540